

CORRECTION/REPLACEMENT FORM

 IBIC INSTITUTION CODE:

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INSTITUTION'S DETAILS
INSTITUTION'S NAME *(If correction required):*

INSTITUTION'S POSTAL ADDRESS *(If correction required):*

TEHSIL	
DISTRICT	
PHONE (S)	
FAX	
E Mail	

OFFICIAL BANK TITLE OF THE INSTITUTION'S BANK ACCOUNT FOR HONORARIUM *(If correction required):*

Class Wise Summary of Students to be registered *(If correction required):*

LEVEL	CLASS		NO. OF STUDENTS (in figures)
PRE ECOIER	01	ONE	
	02	TWO	
ECOLIER	03	THREE	
	04	FOUR	
BENJAMIN	05	FIVE	
	06	SIX	
CADET	07	SEVEN	
	08	EIGHT/O LEVEL-I	
JUNIOR	09	NINE/O LEVEL-I & II	
	10	TEN/O LEVEL-II & III	
STUDENT	11	ELEVEN/O LEVEL-III & A LEVEL-I	
	12	TWELVE/A LEVEL-I & II	
TOTAL NO. OF STUDENTS			



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International Challenge on Informatics
and Computational Thinking

STUDENT(S) CORRECTION FORM *(If required)*

S.NO.	ROLL NO.	STUDENT'S NAME	FATHER'S NAME	CLASS <i>(If change)</i>

REMARKS: _____

SIGNATURES & STAMP
PRINCIPAL /HEAD OF THE INSTITUTION



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STUDENT(S) REPLACEMENT FORM *(If required)*

S.NO.	ROLL NO.	REPLACEMENT FROM			REPLACEMENT TO		
		STUDENT'S NAME	FATHER'S NAME	CLASS	STUDENT'S NAME	FATHER'S NAME	CLASS

REMARKS: _____

SIGNATURES & STAMP
PRINCIPAL /HEAD OF THE INSTITUTION